

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

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MDJ06-204

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Re-Elect Brenda Williams Nichols							
Street Address	228 W Congress Street							
City	Corry	State	PA	Zip Code	16407			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11-7-2017	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06-06-2017	10-23-2017	
A. Amount Brought Forward From Last Report	\$	1,139.29	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1,389.29	
D. Total Expenditures (From Schedule III)	\$	243.68	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,145.61	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	60.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,368.22	

## Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27<sup>th</sup> day of Oct 20 17  
 Angela M. Burlew  
 Signature  
 My Commission expires 09/09/18  
 MO. DAY YR.  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Angela M. Burlew, Notary Public  
 City of Corry, Erie County  
 My Commission Expires Sept. 9, 2018  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
 Signature of Person Submitting report  
 Brenda D Williams  
 Printed Name  
 814-663-7334  
 Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

27<sup>th</sup> day of Oct 20 17  
 Angela M. Burlew  
 Signature  
 My Commission expires 09/09/18  
 MO. DAY YR.  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Angela M. Burlew, Notary Public  
 City of Corry, Erie County  
 My Commission Expires Sept. 9, 2018  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
 Signature of Candidate  
 Brenda Williams Nichols  
 Printed Name  
 814  
 Area Code  
 663-8747  
 Daytime Telephone Number

20812  
MDJ 06-2-04

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	50.00 + 50.00 [2 different donations]
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250.00
Total for the reporting period (2)	\$	250.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	250.00

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PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number						Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

## PART B

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from

\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number	
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Full Name of Contributor	Chad J. Vilushis				Date [MM/DD/YYYY]	\$	250.00
House #	6009	Street Address	Lakeshore Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

# PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number						
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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# PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

PART E  
Other Receipts

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REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									



SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0 [candidate had \$40 and \$20 - 2 separate in kind]

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 60.00
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SCHEDULE II  
PART F

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In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution						

1

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			

SCHEDULE III  
Statement of Expenditures

Filer Identification Number	
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★	To Whom Paid	Staples	Date [MM/DD/YYYY]	9/9/2017	\$ 26.49	
	House #	1924	Street Address	Keystone Drive		
	City	Erie	State	PA	Zip Code	16509
			Description of Expenditure	Business Cards		
#	To Whom Paid	Staples	Date [MM/DD/YYYY]	8/31/2017	\$ 26.49	
	House #	1924	Street Address	Keystone Drive		
	City	Erie	State	PA	Zip Code	16509
			Description of Expenditure	Business cards		
#	To Whom Paid	Staples	Date [MM/DD/YYYY]	9/26/2017	\$ 26.49	
	House #	1924	Street Address	Keystone Drive		
	City	Erie	State	PA	Zip Code	16509
			Description of Expenditure	Business Cards		
#	To Whom Paid	Walmart/Samsclub	Date [MM/DD/YYYY]	9/14/2017	\$ 132.28	
	House #	7200	Street Address	Peach Street		
	City	Erie	State	PA	Zip Code	16509
			Description of Expenditure	candy for parades		
#	To Whom Paid	Party City	Date [MM/DD/YYYY]	9-14-2017	\$ 31.93	
	House #	1908	Street Address	Keystone Drive		
	City	Erie	State	PA	Zip Code	16509
			Description of Expenditure			
	To Whom Paid		Date [MM/DD/YYYY]		\$	
	House #		Street Address			
	City		State		Zip Code	
			Description of Expenditure			
	To Whom Paid		Date [MM/DD/YYYY]		\$	
	House #		Street Address			
	City		State		Zip Code	
			Description of Expenditure			
	To Whom Paid		Date [MM/DD/YYYY]		\$	
	House #		Street Address			
	City		State		Zip Code	
			Description of Expenditure			

★ - paid by Lynda D. Williams

# - paid by candidate as a loan to the committee

## SCHEDULE IV

## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number							
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Name of Creditor		Lynda D Williams				Outstanding Balance of Debt	
House #	828	Street Address	W Congress St		DATE DEBT INCURRED [MM/DD/YYYY]	\$	26.49
City	Corry	State	PA	Zip Code	16407		
Description of Debt							
Business Cards							

  

Name of Creditor		Brenda Williams Nichols				Outstanding Balance of Debt	
House #	996	Street Address	N Center St		DATE DEBT INCURRED [MM/DD/YYYY]	\$	26.49
City	Corry	State	PA	Zip Code	16407		
Description of Debt							
Business Cards							

  

Name of Creditor		Brenda Williams Nichols				Outstanding Balance of Debt	
House #	996	Street Address	N Center St		DATE DEBT INCURRED [MM/DD/YYYY]	\$	26.49
City	Corry	State	PA	Zip Code	16407		
Description of Debt							
Business Cards							

  

Name of Creditor		Brenda Williams Nichols				Outstanding Balance of Debt	
House #	996	Street Address	N Center St		DATE DEBT INCURRED [MM/DD/YYYY]	\$	132.38
City	Corry	State	PA	Zip Code	16407		
Description of Debt							
candy for parades							

  

Name of Creditor		Brenda Williams Nichols				Outstanding Balance of Debt	
House #	996	Street Address	N Center St		DATE DEBT INCURRED [MM/DD/YYYY]	\$	31.93
City	Corry	State	PA	Zip Code	16407		
Description of Debt							
candy for parades / balloons / mini footballs							

  

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		Zip Code			
Description of Debt							